

# Midway Hot Pots Resorts

Gottfried Buhler's

Bath House <sup>Upper</sup> - Lower

Gottfried (Fred) Buhler's Bath House

Buhler's Bath House  
+ Hot Pot

(place for baptisms)

p 594

Gottfried (Fred) Buhler Jr

References: 1. Interview - Barbara Clyde Allen 1988-9  
2. Interview - Ardean Anderson at Stewart Party  
3.

**PHYSICIAN'S EXAMINATION FORM**  
(TO BE USED IN DETERMINING THE PHYSICAL CONDITION OF MEN  
TO WEAR OXYGEN BREATHING APPARATUS)

In order that wearers of self-contained oxygen breathing apparatus may have their safety assured and that they may work efficiently, they should be examined by a physician, found to be sound in body, normal in mind, and physically fit. The following information is the minimum that should be obtained by such an examination:

Name \_\_\_\_\_ Address \_\_\_\_\_  
(Print name)

Employer \_\_\_\_\_ Address \_\_\_\_\_

Age \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Nose: Normal \_\_\_\_\_; abnormal \_\_\_\_\_

Eyes: Vision, right eye \_\_\_\_\_; left eye \_\_\_\_\_  
(Must have 20/40 or better, uncorrected vision, in each eye, or 20/50 in one eye with 20/30 or better in other eye.)

Hearing: Right ear \_\_\_\_\_; left ear \_\_\_\_\_  
(Ordinary conversation should be heard at a distance of 20 feet.)

Teeth \_\_\_\_\_  
(No detachable bridges or plates, and have at least four natural canine and bicuspid teeth or nondetachable bridges in lieu thereof.)

Chest: Normal \_\_\_\_\_; abnormal \_\_\_\_\_

Chest expansion: Full expiration \_\_\_\_\_; full inspiration \_\_\_\_\_

Throat: Normal \_\_\_\_\_; abnormal \_\_\_\_\_ Lungs: Normal \_\_\_\_\_; abnormal \_\_\_\_\_

Heart: Normal \_\_\_\_\_; abnormal \_\_\_\_\_ \*Pulse rate: Standing \_\_\_\_\_; after exercise \_\_\_\_\_

After 2 minutes' rest \_\_\_\_\_ Blood pressure: Systolic \_\_\_\_\_; diastolic \_\_\_\_\_

Abdomen: Weak, scars, or hernia \_\_\_\_\_

Loss of extremities: Members \_\_\_\_\_ Nervous or composed \_\_\_\_\_

Is the applicant capable of sustained strenuous work while wearing oxygen breathing apparatus? \_\_\_\_\_

\_\_\_\_\_  
(Physician's signature)

Date \_\_\_\_\_

\_\_\_\_\_  
(Address)

\*The pulse rate should be taken for a full minute as follows: (A) While the applicant is standing; (B) While the applicant is standing after making a step test (18 inches high, 15 times in 30 seconds); (C) After the applicant has been sitting down 2 minutes following the step test. If the third pulse rate exceeds by two beats per minute the first pulse rate, the applicant is not considered physically fit to wear oxygen breathing apparatus.